PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application	orDocket	Number

				· · · · · · · · · · · · · · · · · · ·					-/ `		
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY TYPEO		OR	OTHER THAN SMALL ENTITY			
T	OTAL CLAIMS	12	·			Γ	RATE	FEE		RATE	FEE
FOR		NUMBER	NUMBER FILED NUMB		В	ASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS 12 minus 20=			nus 20= *	0		X\$ 9=		OR	X\$18=	,	
INDEPENDENT CLAIMS			minus 3 = *			X43=		OR	X86=	86	
MULTIPLE DEPENDENT CLAIM PRESENT						+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2					_	TOTAL		OR	TOTAL	2 35 (
CLAIMS AS AMENDED - PART II								_1	OTHER		
		(Column 1)		(Column 2)	(Column 3)	5	SMALL	ENTITY	OR	SMALL	ENTITY
		CLAIMS		HIGHEST				ADDI-	1 1		ADDI-
ENTA		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**	=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***]=		X43=		OR	X86=	
	FINST PRESE	INTATION OF MI	JULIPLE DEI	PENDENT CLAIR	<u></u>	4	+145= <u>.</u>		OR	+290=	
						<u> </u>	TOTAL			TOTAL	
	•					AD	DIT. FEE		OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)											
		CLAIMS	1	HIGHEST	1				1 6	· · · · · · · · · · · · · · · · · · ·	
8		REMAINING		NUMBER	PRESENT		- 1	ADDI-	1 1	·	ADDI-
		AFTER		PREVIOUSLY	EXTRA	F	RATE	TIONAL	i i	RATE	TIONAL
	- · · · · · · · · · · · · · · · · · · ·	AMENDMENT		PAID FOR		- {		FEE.	i i		FEE
AMENDMENT B	Total	*	Minus	**	=	>	X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	=		X43=	,	OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PENDENT CLAIM							
							145=		OR	+290=	•
TOTAL ADDIT. FEE ADDIT. FEE											
		(Column 1)		(Column 2)	(Column 3)	•		•			•
	\	CLAIMS	·	HIGHEST	1				_		
ပ		REMAINING		NUMBER	PRESENT	- [· •	ADDI-			ADDI-
片		AFTER		PREVIOUSLY	EXTRA	l R	RATE	TIONAL	- 1	RATE	TIONAL
<u> </u>		AMENDMENT		PAID FOR				FEE	· L		FEE
15	Total	*	Minus	**	=	×	(\$ 9=		OR	X\$18=	•
	Independent	*	Minus	SALDENE OLALIN	- - 	×	(43=		OR	X86=	
	FINOI PRESE	NTATION OF MU	LI IPLE DEP	ENDENT CLAIM							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											
**	** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE										
***If the "Highest Number Previously Paid F r IN THIS SPACE is less than 3, enter "3."											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the apprepriate box in column 1.											